



ARKANSAS DEPARTMENT OF HEALTH

ROAD TO ADH TRAVEL



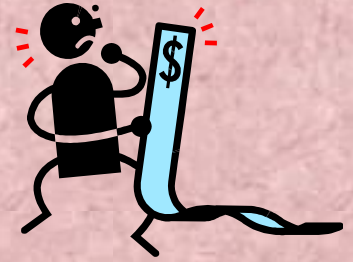
ROAD TO ADH TRAVEL

PRESENTED BY:

THE ARKANSAS DEPARTMENT OF HEALTH

ACCOUNTS PAYABLE TRAVEL UNIT

WHAT ARE TRAVEL EXPENSES?



Any expenses incurred when attending meetings / conferences / trainings / seeing patients / visiting businesses / completing follow-up information on program customers / etc.

- **Meals and Lodging**
- **Driving (Mileage)**
- **Ground Transportation**
 - **Registrations**
 - **Parking**
- **Travel by plane, train or bus**



Changes effective July 2012

**ALL OF THESE CHANGES WILL BE
DISCUSSED IN THIS PRESENTATION.**

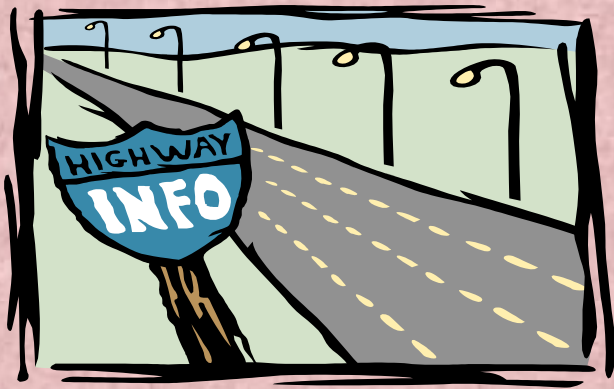
- Signatures must be the original signatures of the traveler and travel supervisor.
- Under no circumstances should the maximum daily federal per diem rate for meals be exceeded.
- The traveler is only eligible for up to 75% of the daily allowance for meals on the first and last day of travel.
- Although receipts for meals are not required to be attached to travel submitted to Accounts Payable, the Center/Regional Directors may require receipts for review.

New Policy Changes

(Continued)

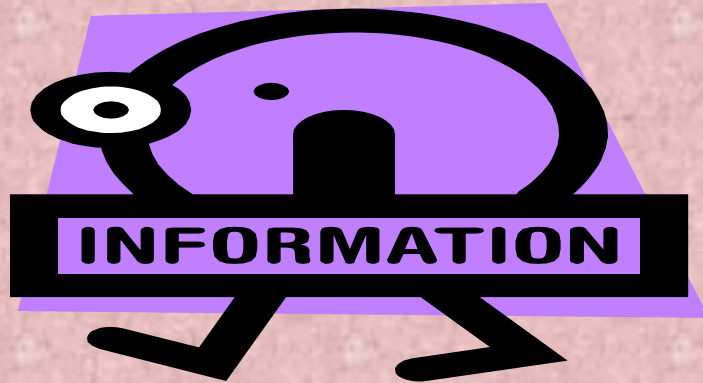
- **Original meal receipts must be kept by the traveler.**
- **There is now a policy for vehicle rentals.**
- **Fees for additional bags when flying.**
- **An employee that drives their personal vehicle or a state vehicle for state business must complete and sign the appropriate forms.**
- **Commercial airline tickets should be purchased at least 14 days prior to travel if possible.**
- **When using the travel card to reserve lodging, only the required deposit can be charged prior to the actual stay.**





General Information

- **When a traveler completes and signs a TR-1 and/or a FIN-1012 (Travel Expense Reconciliation Form), they are stating that everything listed on the paperwork is true and accurate.**
- **When a travel administrator/supervisor signs/approves a TR-1 and/or a FIN-1012 (Travel Expense Reconciliation Form), they are stating that they have reviewed and verified that everything listed is true and accurate.**
- **Please do not use a pencil to make changes/corrections to the TR-1. Also, if changes affect the amount claimed or totals, please correct.**
- **The TR-1 and the FIN-1012 (Travel Expense Reconciliation Form) must have original signatures of the traveler and the travel administrator/supervisor. The signatures cannot be traced.**



General Information

- The travel administrator/supervisor ***must be*** on the ADH Travel Administrator/Supervisor List in order to sign/approve travel. An employee ***must complete and pass*** the Travel Fraud Indicators training on A-TRAIN before they can be added to the list.
- The traveler's immediate or higher level supervisor must approve his/her travel – if their supervisor is not on the travel administrator/supervisor list, the supervisor should review the travel and initial off on it before giving it to the travel administrator/supervisor.





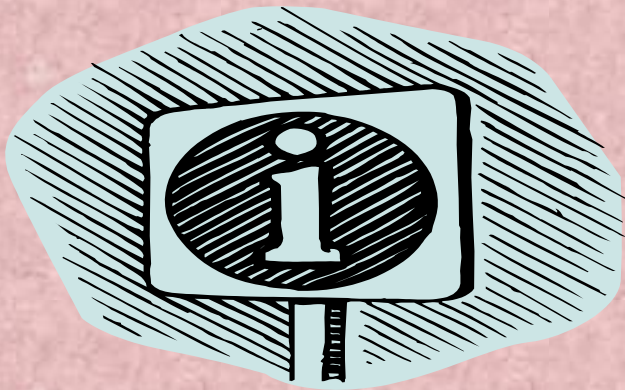
General Information

- **The funding for travel expenses is very important. When a traveler completes travel for a specific programmatic activity (i.e., Family Planning, WIC, Immunizations, HIV/STD, etc.), the travel completed for a particular activity must be coded to that specific program's funding.**
- **The travel administrators are: 1) Agency Deputy Directors; 2) Center Directors; 3) Center ADMOs; 4) The CFO; 5) The Deputy CFO**
All others on the list are travel supervisors.
- **The travel administrators are the only ones that can sign the FIN-1010 (Out-of-State Travel Authorization) and the FIN-1000 (Request for Waiver to Exceed the Maximum Lodging Rate).**



General Information

- **Travel reimbursement is not a per diem and is to be claimed for actual expenses of meals and lodging not to exceed the maximum allowable rates as listed in the federal travel directory.**
 - **It is the responsibility of the traveler to submit claims for actual expenses substantiated by authentic original receipts.**
 - **It is the responsibility of the travel supervisor/administrator to verify that all expenses claimed are business related and are genuine.**
 - **Failure to comply with this policy may be grounds for disciplinary action.**



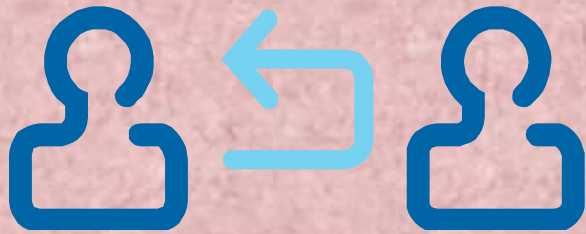
General Information

- **Travelers should submit their travel on a monthly basis. If travel that is more than two months old or more than two months of travel is submitted, the travel and a letter of explanation must go through the Center Director for approval.**
- **If traveling on a Saturday or Sunday to attend a meeting, conference, or training the traveler does not need an approval letter.**
- **If the traveler has to attend health fairs, preparedness exercises, immunization clinics, etc. on the weekends they can be reimbursed mileage from their residence with a prior approval memo from their supervisor attached to the TR-1**
- **Texarkana, Texas is considered in-state and does not require an Out-Of-State Travel Authorization (FIN-1010).**



General Information

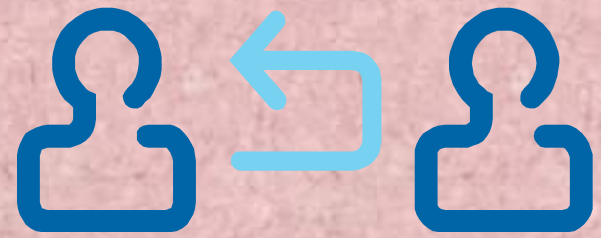
- **An employee must not be reimbursed for any travel by any entity other than the Agency without prior justification and written approval.**
- **If an employee receives reimbursement from a third party and the Agency has incurred any costs, the employee must reimburse the Agency for those costs.**
- **A letter of justification is not required for ice, food samples and emergency postage.**
- **Refreshments for meetings cannot be reimbursed on a TR-1 – they must be pre-approved and submitted through a P.O. or Petty Cash.**



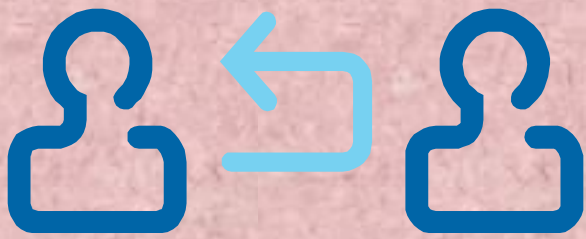
Typical Reasons for Return

- 1. No travel supervisor or traveler signature on paperwork**
- 2. Travel supervisor or traveler signature is traced**
- 3. The traveler's address is incomplete on the TR-1(s)**
- 4. Need official station on the TR-1(s)**
- 5. Need private vehicle license number on TR-1(s)**
- 6. Need vendor number**
- 7. Vendor number is incorrect**
- 8. Need correct cost center**
- 9. Need correct internal order number**
- 10. Exceeds maximum meal reimbursement amount**
- 11. Need travel status times**
- 12. Exceeds maximum reimbursement amount for lodging**

Typical Reasons for Return



- 13. Need name of town visited for meals and/or lodging**
- 14. Need original receipts**
- 15. Need title of traveler**
- 16. Need printed name and title of travel supervisor**
- 17. Need Chief Financial Officer approval letter**
- 18. Need the updated / official travel form (TR-1) completed**
- 19. Need a completed Travel Worksheet (FIN-106)**
- 20. Need a completed Out-of-State Travel Authorization (FIN-1010)**
- 21. Need a completed Request for Waiver to exceed the Maximum Lodging Rate (FIN-1000)**
- 22. Need a completed Travel Expense Reconciliation Form (FIN-1012)**
- 23. Need copies of the flight itinerary, registration receipt / P.O., lodging receipt, etc. to accompany the FIN-1012**



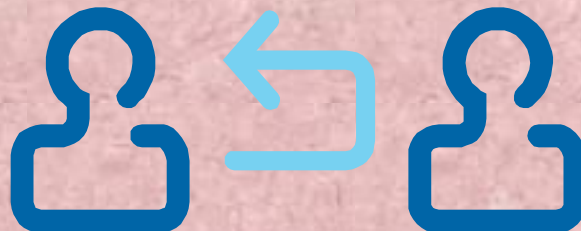
Typical Reasons for Return

- 24. Mileage is incorrect, please initial corrections**
- 25. Mileage shows significantly less mileage than Rand McNally – is this correct?**
- 26. Need Non-State Employee Letter**
- 27. Need to use correct General Ledger Code on the Travel Worksheet**
- 28. Need a itemized hotel bill**
- 29. Need correct address – address on TR-1(s) does not match the address in AASIS**
- 30. Name is different in AASIS**
- 31. Meals without overnight stay are not reimbursable**
- 32. Cannot claim safe and safe taxes on lodging**
- 33. Cannot reimburse travel that has not been completed yet – verify correct travel dates**

Typical Reasons for Return

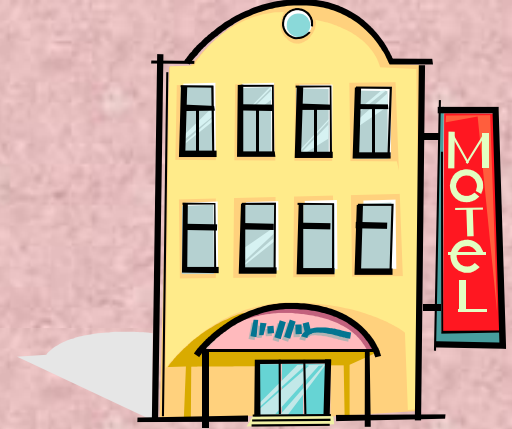
- 34. Lodging not listed on the date it occurred (cannot be put in one lump sum on the TR-1 and/or FIN-1012 if more than one night)**
- 35. Must have a Chief Financial Officer prior approval letter for rental cars**
- 36. Total on the travel worksheet does not match the total on the TR-1(s)**
- 37. When corrections are made, the totals are not carried across and down – also need to correct the travel worksheet**
- 38. When meals are furnished at a conference / meeting and the traveler is asking for those meals to be reimbursed.**

These are not all of the reasons travel is returned, however, these are the most common reasons travel is returned for correction.



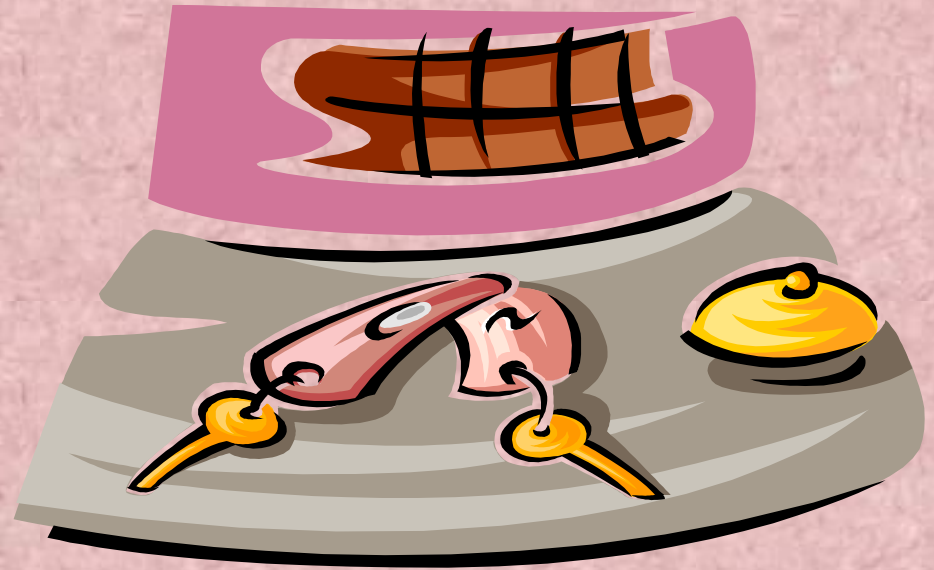


Meals and Lodging

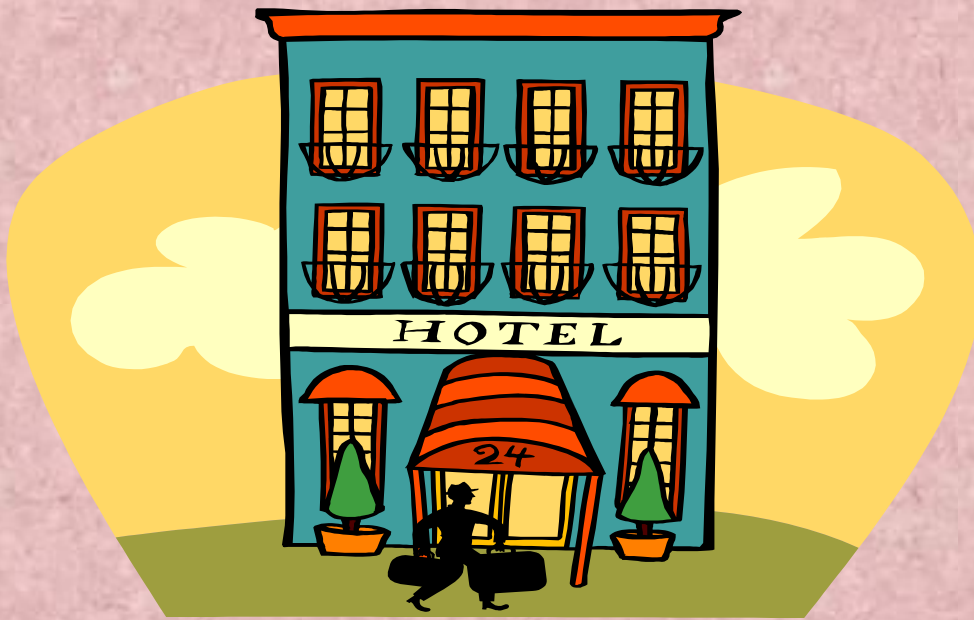


- The travel reimbursement is not a per diem. Travelers must only claim their actual expenses for their meals and lodging not to exceed the maximum allowable rates, as listed on the federal travel directory.
- Lodging and meals are not allowed within 50 miles of the traveler's official station and/or residence.
- One traveler cannot pay the expenses of another traveler. If travelers share a room, each traveler must pay his/her share of the cost of the room each night.
- There must be an overnight stay in order to be reimbursed for meals.

Lodging

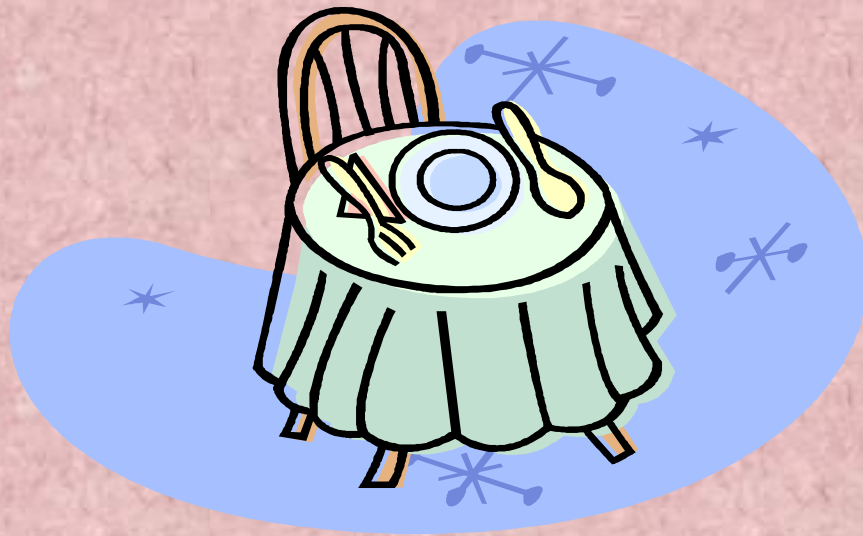


- **Internet booking agents are not allowed when reserving hotel rooms. All reservations must be made directly with the hotel either by phone or internet so that an original receipt from the hotel can be obtained.**
- **Lodging cost exceeding the rates listed on the Federal Travel Directory may not be paid without an approved Request for Waiver to exceed the Maximum Lodging Rate (FIN-1000). Following each Center's/Region's guidelines, the FIN-1000 must include a justification explaining why it is in the best interest of the State to exceed the standard reimbursement rates and must be submitted to the Agency Director/Designee for review/approval prior to any travel.**



Lodging

- The traveler **must** attach original receipts for their lodging when submitting their travel to Accounts Payable. The receipts **must be** itemized and in the traveler's name.
- If the lodging is paid by the agency travel card, the only charges that can be put on the travel card are the room rental and the room taxes. No meals, parking, etc. can be paid by the agency travel card.
- If a traveler is staying overnight with a third party and there is no charge for a hotel, the traveler **must** state this in the comment section of the TR-1.

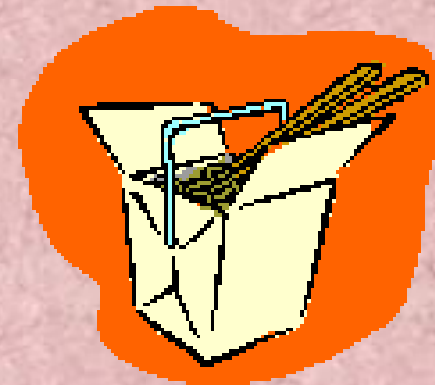


Meals

- **Under no circumstance should the maximum daily federal per diem rates for meals be exceeded. (Taxes for meals can no longer be added to the maximum allowed.)**
- **Meal receipts are not required to be attached to the travel when submitted to AP, however, Center, Region, Section, Unit, Program and traveler supervisors can require their employees to turn in meal receipts when travel is being reviewed and approved by the traveler's immediate supervisor and/or their travel supervisor.**
- **The traveler is responsible for maintaining all original meal receipts for audit review. The receipts must be available for the current fiscal year plus one previous fiscal year.**

Meals

- **Tips on meals (up to 15%) may be reimbursed; however, the total for meal, tip and taxes must never exceed the maximum allowable rate.**
- **When a traveler is not eligible for a full day of meals, they must determine which meals they are eligible for and only ask to be reimbursed for their actual expenses or the maximum allowed for those meals.**
- **Reimbursement for any meal included as a part of a registration fee is not an allowable expense.**




The traveler is only eligible for up to 75% of the daily allowance for meals on the first and last day of travel. For partial days, meals charged must be in proportion to the time in travel status and may not exceed the maximum for applicable meal(s) stated in the Federal Travel Directory for the destination location(s).

NOTE: The first and last calendar day of travel is calculated at 75 percent.

The M&IE rates differ by travel location. View the [per diem rate](#) for your primary destination to determine which M&IE rates apply.

M&IE Total	\$46	\$51	\$56	\$61	\$66	\$71
Continental Breakfast/ Breakfast	\$7	\$8	\$9	\$10	\$11	\$12
Lunch	\$11	\$12	\$13	\$15	\$16	\$18
Dinner	\$23	\$26	\$29	\$31	\$34	\$36
Incidentals	\$5	\$5	\$5	\$5	\$5	\$5
First & Last Day of Travel	\$34.50	\$38.25	\$42	\$45.75	\$49.50	\$53.25

These amounts are 75% of each of the M & IE Daily Allowances for Meals



The shortcut to this page is www.gsa.gov/mie.

(See examples on next two slides)

Example of First Day of Travel

Travel from Fayetteville to Little Rock

Scenario Number One: The traveler starts their travel at 5:00 AM on Tuesday. They are eligible for reimbursement of actual expenses for breakfast, lunch and dinner. The maximum allowed for each meal is:

Breakfast	\$10.00
Lunch	\$15.00
Dinner	\$31.00
Incidental (tax/tip)	\$ 5.00
Totaling	\$61.00

Maximum Little Rock Amount is \$61.00

x 75%

The maximum allowed is \$45.75

(In this scenario, the traveler could only be reimbursed up to \$45.75)

Scenario Number Two: The traveler starts their travel at 9:30 AM on Tuesday. They are eligible for reimbursement of actual expenses for lunch and dinner. The maximum allowed for each meal is:

Lunch	\$15.00
Dinner	\$31.00
Incidental (tax/tip)	\$ 5.00
Totaling	\$51.00

Maximum Little Rock Amount is \$61.00

x 75%

The maximum allowed is \$45.75

(In this scenario, the traveler could only be reimbursed up to \$45.75)



Example of First Day of Travel **(Continued)**

Scenario Number Three: The traveler starts their travel at 3:00 PM on Tuesday. They are eligible for reimbursement of actual expenses for dinner. The maximum allowed for the meal is:

Dinner	\$31.00	Maximum Little Rock Amount is \$61.00
Incidental (tax/tip)	\$ 5.00	x 75%
Totaling	\$36.00	The maximum allowed is \$45.75
(In this scenario, the traveler could be reimbursed up to the \$36.00 allowed.)		

Example of Last Day of Travel

Travel from Little Rock back to Fayetteville

Scenario Number One: The traveler arrives back in Fayetteville at 12:15 PM. They are eligible for reimbursement of actual expenses for breakfast. The maximum allowed for each meal is:

Breakfast	\$10.00	Maximum Little Rock Amount is \$61.00
Incidental (tax/tip)	\$ 5.00	x 75%
Totaling	\$15.00	The maximum allowed is \$45.75
(In this scenario, the traveler could be reimbursed up to the \$15.00 allowed.)		



Example of Last Day of Travel **(Continued)**

Scenario Number Two: The traveler arrives back in Fayetteville at 3:15 PM. They are eligible for reimbursement of actual expenses for breakfast and lunch. The maximum allowed for each meal is:

Breakfast	\$10.00
Lunch	\$15.00
Incidental (tax/tip)	\$ 5.00
Totaling	\$30.00

Maximum Little Rock Amount is \$61.00

x 75%

The maximum allowed is \$45.75

(In this scenario, the traveler could be reimbursed up to the \$30.00 allowed.)

Scenario Number Three: The traveler arrives back in Fayetteville at 7:15 PM. They are eligible for reimbursement of actual expenses for breakfast, lunch and dinner. The maximum allowed for the meal is:

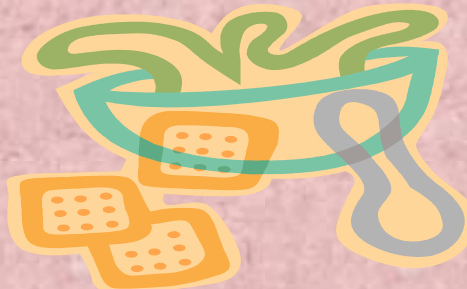
Breakfast	\$10.00
Lunch	\$15.00
Dinner	\$31.00
Incidental (tax/tip)	\$ 5.00
Totaling	\$61.00

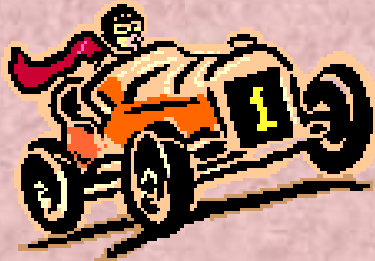
Maximum Little Rock Amount is \$61.00

x 75%

The maximum allowed is \$45.75

(In this scenario, the traveler could only be reimbursed up to \$45.75)





Driving

(Mileage)



- ❖ **If travelers use their personal vehicles for official business, the authorized rate per mile is the rate established by the Chief Fiscal Officer of the State in effect during the time travel occurred.**
- ❖ **ADH employees who drive a vehicle on state business are required to sign the Authorization to Operate State Vehicles and Private Vehicles on State Business form (HR-1170) & the Traffic Violations Records Authorization (HR-1171). (See Policy in Human Resources manual, page REL-79; Policies A – D.)**
- ❖ **For reimbursement of mileage claimed for personal vehicles, travelers must use the official ADH Mileage Chart located on the Agency Intranet, Travel Tab.**
- ❖ **If the towns/cities are not listed on the ADH Mileage Chart, the traveler must use shortest distance on Rand McNally.**

Driving

(Mileage)



- ❖ **Mileage is claimed to and from the traveler's official station unless the traveler goes straight from their residence to their destination. In this case, the shortest distance is claimed.**
- ❖ **Travelers cannot receive reimbursement for travel expenses when driving directly between their residence city and their official station while carrying out their normal work activities.**
- ❖ **The FROM and TO columns on the TR-1 must be city to city or city to vicinity – we cannot accept addresses, building names, home, etc.**
- ❖ **Mileage may be reimbursed to the airport from the traveler's official station. If the traveler leaves from his/her residence traveling to the airport, the shortest distance from their residence or their official station must be used.**



Driving

- ❖ **When a traveler uses their personal vehicle in lieu of a commercial airline, mileage reimbursement is limited to the lowest airfare rate for a round trip along with any additional expenses (i.e., rental cars, gas for rental cars, parking, etc.) or actual mileage driven, whichever is the lesser of the two. Include any meal and lodging expenses necessary for the additional travel time by automobile in the calculation of the lowest mode of travel.**
- ❖ **The State assumes no responsibility for any maintenance, insurance, operational costs, accidents or fines incurred by the owner of the vehicle while on official business for the State.**

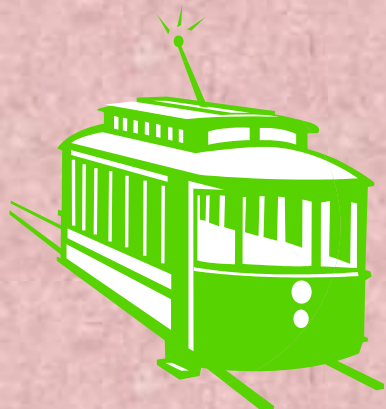


Ground Transportation

(Taxi/Shuttle/Bus/Trolley/Metro Lines)



- **Travelers must have original receipts for any ground transportation expenses.**
- **Ground transportation from the hotel to a restaurant and back to the hotel is a non-allowable expense.**
- **Ground transportation charges from/to the traveler's residence/official station to/from the airport is a non-allowable expense.**





Ground Transportation



Vehicle Rentals

- **Agencies must use the statewide vehicle rental contract and all vehicle occupants must abide by the “Participant Responsibilities” required by the state contract (You can find the Participant Responsibilities by going to the Arkansas Department of Finance and Administration (DFA) Travel Portal webpage.)**
- **Rental cars must be used according to the State and ADH vehicle policy**
- **The rental car contract price includes physical damage and liability insurance**
- **It is the responsibility of the Center/Region to authorize the most economical mode of transportation before travel occurs**

Vehicle Rentals

- **Out-of-State travel:** a justification explaining why it is cost effective and in the best interest of the state to rent a vehicle must be sent with the **FIN-1010 (Out-of-State Travel Authorization)** for prior approval
- **In-State Travel:**
 - **The Center ADMO approval is required to rent a vehicle**
 - **The rental vehicle may not be kept when not in use (for example, if renting for a two week period Monday-Friday only, the car must be returned Saturday and Sunday, then picked up again for use the following week)**
 - **A mileage log (FIN-94) must be completed while using a rental car**





Registration

- **Registrations may be paid by the traveler or the Agency.**
- **If the traveler pays for the registration, they must attach an original receipt with the travel reimbursement request.**
- **If the Agency pays for the registration, a copy of a receipt or purchase order must be attached with the FIN-1012 (Travel Expense Reconciliation Form) to the travel reimbursement request.**
- **If there is a registration tied to the travel, all GL codes must be for 09 travel when completing the travel worksheet.**
- **Reimbursement for any meal included as a part of a registration fee is non-allowable.**



Parking



- ❖ **Valet parking is a non-allowable expense.**
- ❖ **When a traveler has to park their personal vehicle or a state vehicle, they are eligible for reimbursement for the parking expense.**
- ❖ **If the traveler has a receipt for parking, the original receipt must be attached to the travel reimbursement request.**
- ❖ **If the traveler cannot get a parking receipt (parked in a self pay lot or at a parking meter), they must keep track of the amount paid and write in the comment section of the TR-1 that they parked (listing where they parked) and there was not a receipt available.**
- ❖ **If the traveler stays at a hotel that the agency paid for via direct billing or the travel card and the traveler is charged a parking fee, they must pay the parking fee themselves. It cannot be charged to the travel card or the direct billing account.**



Flying

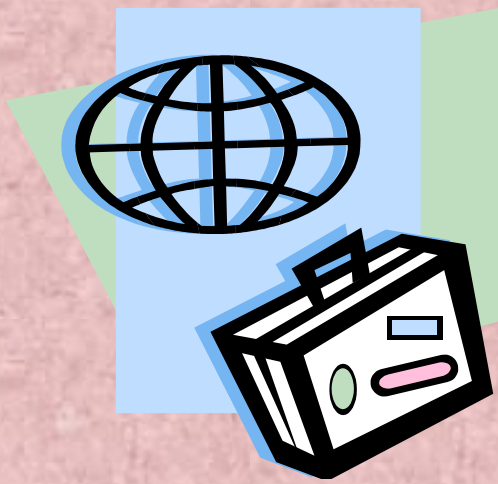


- **The traveler's immediate supervisor/manager, travel administrator, center director and agency director/designee must approve all air travel outside of the state of Arkansas prior to ticket purchase for the dates of travel using the FIN-1010 (Out-of-State Travel Authorization).**
- **Airfare tickets are to be purchased for coach airfare only.**
- **Travel should be planned in advance to obtain the best rates.**
- **Commercial airline tickets should be purchased at least 14 days prior to travel if possible. An explanation in writing to the Agency Director/Designee must be approved prior to the purchase of the ticket if purchased within the 14 day timeframe.**
- **Flights selected should be the least expensive available fare.**

Flying



- **Non-stop flights will not be approved when less expensive flights are available with a two hour or less layover.**
- **If the traveler purchases the airline ticket, they cannot be reimbursed until the travel has occurred. Once the travel has occurred an original receipt/flight itinerary (showing the date purchased, the amount, how purchased and the traveler's name) for the airfare must be attached to the travel reimbursement request.**
- **If the agency purchases the airline ticket via the agency travel card, a copy of a receipt/flight itinerary (showing the date purchased, the amount, how purchased and the traveler's name) must be attached with the FIN-1012 (Travel Expense Reconciliation Form) to the travel reimbursement request.**



Flying - Checked Baggage

- **The Agency will only reimburse for one (1) checked bag per person**
- **Fees for additional bags must be paid by the traveler and are not eligible for reimbursement**
- **When comparing airline ticket prices, the baggage charge should be added to the cost of the airfare ticket**
- **When completing the FIN-1010 (Out-of-State Travel Authorization), the baggage fee should be listed under the “Other” category**
- **For reimbursement of the baggage fees, the amount must be listed in the common carrier column on the TR-1 and must be coded to the appropriate common carrier general ledger code**

Requests Made by the Accounts Payable Section Travel Unit:



- **Please make sure that all paperwork submitted for travel reimbursement is legible.**
- **Please staple each individual's travel together (do not paper clip). If it is paper clipped, there is a possibility that a page may get lost, attached to another travel or get attached to some other paperwork.**
- **Please allow ten (10) working days from the time received in the Accounts Payable Section, for your travel to be processed.**

Requests Made by the Accounts Payable Section Travel Unit:

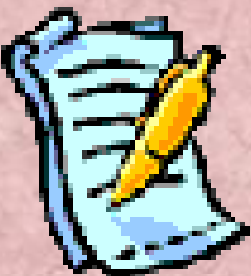
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- **If you have not received your travel reimbursement within 10 working days, do not automatically send the travel in again. Please contact your travel processor or Travel Supervisor and ask that they verify, with the Travel Unit, that the travel has or has not been processed - they will be advised, if needed, that you need to re-submit your travel. Make sure that the signatures are original and the word RE-SUBMIT is at the top of all pages.**
- **When travel is returned for corrections, the employee must not complete new forms - They should just draw a line through the wrong information and make the corrections & initial**



AGENCY TRAVEL FORMS





The correct completion of the paperwork when asking for reimbursement of expenses for travel is essential. Some of the forms that must be completed in order to receive reimbursement of travel expenses are:

- FIN-106 (Travel Worksheet)
- TR-1 (Travel Expense Form)
- FIN-1012 (Travel Expense Reconciliation Form)
- FIN-1010 (Out-of-State Travel Authorization)
- FIN-1000 (Request for Waiver to Exceed the Maximum Lodging Rate)

Please follow the instructions for all of the forms.

All forms and form instructions can be found on the Policies and Procedures web page.

Items that must accompany the forms when asking for travel reimbursement (if applicable) are:

- **Original Receipts (Lodging/Parking/Ground Transportation/Airfare/Registration/Etc.)**
- **Justification/Approval Letters (Non-State Employee/Rental Cars/ Anything that is out of the ordinary/Etc.)**

FIN-106

(ADH Travel Worksheet)

- ❖ **The FIN-106 is the form that is used to advise Accounts Payable of the GL account number and the funding for the travel.**
- ❖ **It is very important that the name of the traveler, the vendor number, whether the traveler wants a warrant(check) or wants the payment direct deposited and the dates of travel be completed.**
- ❖ **It is also very important that the GL coding, cost center and internal order number be completed accurately.**



FIN-106

(ADH Travel Worksheet)

ADH TRAVEL WORKSHEET											
Name of Traveler:								Direct Deposit			
								Mail Warrant			
Vendor Number:											
Date:						Dates of Travel (mm/dd/yy to mm/dd/yy):					
GL ACCOUNT NUMBER				AMOUNT				COST CENTER			
				\$ -				TOTAL			
G/L Account Numbers										Document Number:	
02 Travel						09 Travel					
			Mileage	5050001000				Mileage	5050002000	Date Parked:	
			Meals	5050003100				Meals	5050004100		
			Lodging	5050003200				Lodging	5050004200	Parked By:	
			Common Carrier	5050005000				Common Carrier	5050006000		
			Ground Transportation	5050009000				Ground Transportation	5050010000	Date Posted:	
			Parking Fees	5050011000				Parking Fees	5050012000		
			Other Travel Expenses	5050013000				Other Travel Expenses	5050014000	Posted By:	
			Non-State Personnel All Trv	5050021000				Conf. & Seminar Fees	5050018000		
			Board Member Trv. Meals	5050020100				Non-State Personnel All Trv	5050022000		
			Board Member Trv. Lodging	5050020200							
			Board Member Trv. Other	5050020300							
			Postage	5020001000							
			Fuel	5090005000							

FIN-106 (R 02/12)

Please see the next two slides for information on completing the FIN-106

Travel Worksheet

(FIN-106)

ADH TRAVEL WORKSHEET			
Name of Traveler:		Direct Deposit Mail Warrant	
Vendor Number:			
Date:	Dates of Travel (mm/dd/yy to mm/dd/yy):		
GL ACCOUNT NUMBER	AMOUNT	COST CENTER	INTERNAL ORDER
	\$ -	TOTAL	

- 1. Name of Traveler should be listed as shown in AASIS and on the TR-1**
- 2. Traveler should mark whether they want direct deposit or a warrant mailed**
- 3. Vendor number is not the employee's AASIS personnel number or position number**
- 4. The date should be the date the travel worksheet is completed**
- 5. The dates of travel are the starting and ending dates of the travel being reimbursed**
- 6. The GL account number is the coding that shows the type of travel that is being paid (i.e. mileage, parking, registration, etc.)**
- 7. The total amount that is being reimbursed for a particular GL account number**
- 8. The cost center is a part of the funding that reflects the organizational unit**
- 9. The Internal Order reflects the funding source for the travel**
- 10. The total of the travel worksheet must balance with the grand total of the TR-1**

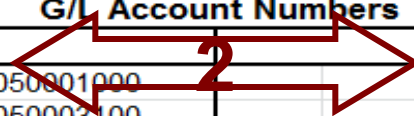


Travel Worksheet

(FIN-106)
(Continued)



G/L Account Numbers						Document Number:
02 Travel			09 Travel			Date Parked:
Mileage	5050001000		Mileage	5050002000		Parked By:
Meals	5050003100		Meals	5050004100		Date Posted:
Lodging	5050003200		Lodging	5050004200		
Common Carrier	5050005000		Common Carrier	5050006000		
Ground Transportation	5050009000		Ground Transportation	5050010000		
Parking Fees	5050011000		Parking Fees	5050012000		
Other Travel Expenses	5050013000		Other Travel Expenses	5050014000		
Non-State Personnel All Trv	5050021000		Conf. & Seminar Fees	5050018000		
Board Member Trv. Meals	5050020100		Non-State Personnel All Trv	5050022000		
Board Member Trv. Lodging	5050020200					
Board Member Trv. Other	5050020300					
Postage	5020001000					
Fuel	5090005000					
FIN-106 (R 02/12)						



1. A list of all the travel General Ledger Account Numbers used for travel purposes
2. The general ledger account numbers are divided into 02 travel (any in-state or out-of-state official business travel that does not have a registration) and 09 travel (any in-state or out-of-state travel that has a registration)
3. The Document Number, Date Parked, Parked By, Date Posted and Posted By is only used by the Travel Unit in Accounts Payable - NOTE: Parking a document is keying the document into AASIS -Posting a document is releasing the document for payment

TR-1

(Travel Expense Reimbursement Form)

- **The TR-1 is the form that is used for the traveler to be reimbursed.**
- **The traveler will list and explain all charges they are asking to be reimbursed.**
- **It is very important that the TR-1 be completed accurately and as detailed as possible.**
- **The Payables Section cannot reimburse travel expenses unless the TR-1 is completed and all paperwork needed for verification is attached.**



TR-1

ARKANSAS ADMINISTRATIVE STATEWIDE INFORMATION SYSTEM
TRAVEL EXPENSE REIMBURSEMENT FORM
(SUBMIT ORIGINAL ONLY)

Direct Deposit Varrat

VENDOR NUMBER

DEPARTMENT Arkansas Department of Health

NAME OF PAYEE

RESIDENCE/ADDRESS

COST ASSIGNMENT FOR TRIP **COST CENTER** **INTERNAL ORDER**

OFFICIAL STATION

PRIVATE VEHICLE LICENSE NO.

DETAILED EXPENDITURES OTHER THAN MILEAGE											FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED
DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL ROOM	MEALS	TAXI	INCIDENTAL S	CODE	TELEPHON E	TOTAL PER DAY					
SUB-TOTALS												TOTALS FOR MILEAGE			

INCIDENTALS CODES (1) Portage (2) Parking Fee (3) Registration Fee (4) Emergency State Car Repair (5) Other (Explain)

Comments:

RECAPITULATION

Approved By:

Printed Name and Title of Travel Administrator/Supervisor

Travel Administrator/Supervisor Signature

Signature of Traveler

Date

Title

EXPENDITURE SUB-TOTAL

MILEAGE SUB-TOTAL

PAGE TOTAL

TRAVEL STATUS/TIMES (Mileage Time)

Date	Departure Time	Return Time

GRAND TOTAL

Last Page Only

Mileage Reimbursement Rate for use of Privately Owned Vehicle 0.42

Please see the next four (4) slides for information on completing the TR-1



Travel Expense Reimbursement (TR-1)

ARKANSAS ADMINISTRATIVE STATE			
TRAVEL EXPENSE REIMBURSEMENT			
(SUBMIT ORIGINAL)			
VENDOR NUMBER	1		
DEPARTMENT	Arkansas Department of Health	2	
NAME OF PAYEE	3		
PLACE OF RESIDENCE/ADDRESS	4		
COST ASSIGNMENT FOR TRIP:	COST CENTER	5	INTERNAL C

- 1. Vendor Number is not the employee's AASIS personnel number of position number**
- 2. Department is always the Arkansas Department of Health**
- 3. Name of Payee should be listed as shown in AASIS**
- 4. Place of residence/address is the address listed in AASIS and where a warrant or W-2 would be mailed**
- 5. Cost Center is a part of the funding that reflects the organizational unit.**

Travel Expense Reimbursement (TR-1) (Continued)



		Direct Deposit	Warrant
E-WIDE INFORMATION SYSTEM			
REIMBURSEMENT FORM			
(INTERNAL ONLY)			
OFFICIAL STATION			
PRIVATE VEHICLE LICENSE NO.			
INTERNAL ORDER			



- 1. Direct Deposit should be used / checked if the traveler would like their travel reimbursement electronically transferred to their banking account**
- 2. Warrant should be marked if the traveler would like a check to come to their address as listed on the TR-1 and in AASIS**
- 3. Official Station is the city/town that the traveler is assigned**
- 4. Private vehicle license number must be on the TR-1 if asking for reimbursement of mileage or parking when driving a personal vehicle**
- 5. Internal Order reflects funding source for the travel**



Travel Expense Reimbursement

(TR-1)

(Continued)

DATE	NAME OF TOWN VISITED	DESCRIPTION	COMMON CARRIER	HOTEL ROOM	MEALS	TAXI	INCIDENTAL
↑ 1	↑ 2	↑ 3	↑ 4	↑ 5	↑ 6	↑ 7	↑ 8

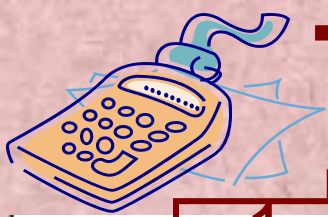
- 1. Date is the actual day the travel was completed (Must always be completed)
- 2. Name of town visited is completed if the traveler is asking for reimbursement of detailed expenditures - The city/town that the hotel or place of lodging actually takes place will be listed here
- 3. Description is the reason for travel (Must always be completed as detailed as possible)
- 4. Common Carrier is used if the traveler is asking for reimbursement of their airfare and/or if they are to be reimbursed for checked baggage (Must have original receipts)
- 5. Hotel Room is used if the traveler is asking for reimbursement of their lodging expenses (Must have original receipts)
- 6. Meals column is used to reimburse the traveler for actual meal expenses
- 7. Taxi is used to reimburse the traveler for taxi services/shuttles/buses to and from the airport when traveling to a destination (Must have original receipts)
- 8. The incidental column is used for reimbursement of parking, registration, emergency postage, internet use or other items that need written approval from the CFO

Travel Expense Reimbursement (TR-1) (Continued)



MILEAGE								
CODE	TELEPHONE	TOTAL PER DAY	FROM	TO	MILEAGE DRIVEN	RATE PER MILE	AMOUNT CLAIMED	
↑ 1	↑ 2	↑ 3	↑ 4	↑ 5	↑ 6	↑ 7	↑ 8	

- 1. The code is used to advise what the incidental expense is for. The codes are listed below this section of the TR-1 (Must have original receipts)**
- 2. Telephone is used if the traveler made state business calls (Must have original receipts)**
- 3. Total Per Day is the total expenses listed in the first six columns for a particular date**
- 4. The FROM column shows the town/city the traveler is leaving**
- 5. The TO column shows the town/city the traveler is traveling to – this column is also used when asking for vicinity miles to be reimbursed.**
- 6. The mileage driven is the actual miles taken from the ADH mileage chart or Rand McNally and any vicinity miles driven**
- 7. The rate per mile is the reimbursement rate authorized by the State of Arkansas**
- 8. The amount claimed is the mileage driven multiplied by the rate per mile**



Travel Expense Reimbursement

(TR-1)
(Continued)

[illegible]

- 1. Sub-Totals calculate the total amount of reimbursement per column**
- 2. These are the incidental codes the traveler uses if asking for reimbursement of incidentals (Original receipts are needed) NOTE: if the traveler uses (5)Other, there must be an explanation given**
- 3. The traveler should list any information needed to advise their supervisor or AP of something unusual about their travel or if they stayed overnight with family or friends**
- 4. The Travel Administrator/Supervisor name and title must be printed - Sometimes it is difficult to read their signatures**
- 5. The Travel Administrator/Supervisor must sign every page of the TR-1 - When signing they are stating that the travel is business related and genuine**
- 6. The travel status times show the date and time the travel left on and returned from a trip with an overnight stay and meals**

Travel Expense Reimbursement

(TR-1)

(Continued)



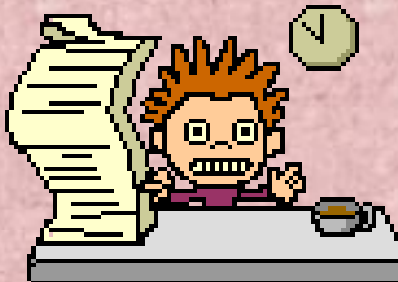
1		2					
Signature of Traveler		Date		EXPENDITURE SUB-TOTAL		4	
		04/21/08		MILEAGE SUB-TOTAL		5	
Title				PAGE TOTAL		6	
3				GRAND TOTAL		Last Page Only	

1. The traveler must sign every page of the TR-1 - When signing they are stating that the travel is business related and genuine
2. The date shows the date the traveler completed their travel and signed the TR-1(s)
3. The traveler's title (working or official title) must be on every page of the TR-1
4. The expenditure sub-total is the total of all expenses in the first six columns of the TR-1 for the particular page (detailed expenditures)
5. The mileage sub-total is the total of all mileage amounts being reimbursed for the particular page
6. The page total is the total of the expenditure sub-total and the mileage sub-total for the particular page
7. The grand total should only appear on the last page of the travel and is the total amount of the requested reimbursement

FIN – 1012

(Travel Expense Reconciliation Form)

- **This form is to be used only if the Agency pays an expense that the traveler does not pay (i.e., airfare, registration, and/or lodging).**
- **This form is to be daily totals only. There should be one line for each day there are expenses.**
- **The travel reimbursement side of the form must match the TR-1 daily totals and grand total.**
- **The Direct Billing or Credit Card Purchases is where the expenses paid by the Agency are listed.**
- **When this form is submitted with the travel, copies of the receipts or purchase orders for expenses paid by the Agency must be attached.**



FIN – 1012

(Travel Expense Reconciliation Form)



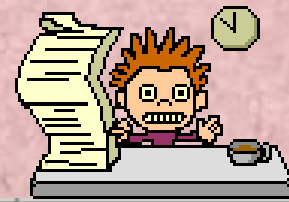
Arkansas Department of Health Travel Expense Reconciliation

[illegible]

Please see the next four (4) slides for information on completing the FIN-1012

Travel Expense Reconciliation

(FIN-1012)

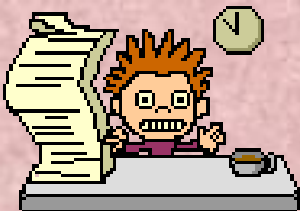


Arkansas Department of Health Travel Expense Reconciliation

Traveler:		<div>1</div>				
Official Station:		<div>2</div>				
Date		Travel Reimbursement				
YR.		Name of Town Visited	Meals	Lodging	Other Travel Expenses	Total
Mo.	Day					
<div>3</div>		<div>4</div>	<div>5</div>	<div>6</div>	<div>7</div>	\$ <div>8</div> -
						\$ -
						\$ -

The Travel Reimbursement section of this form must balance with the TR-1 total!!

1. The name of the traveler should be listed as shown in AASIS and on the TR-1
2. The official station is the city/town that the traveler is assigned
3. The actual date(s) the travel was completed (Must always be completed)
4. The name of town visited (city / town the hotel is actually in) is listed here
5. The total amount of meals for a particular day
6. The total amount of lodging for a particular day
7. The total amount for registration, parking, internet use, mileage, etc. for a particular day
8. The total for a particular day



Travel Expense Reconciliation

(FIN-1012)

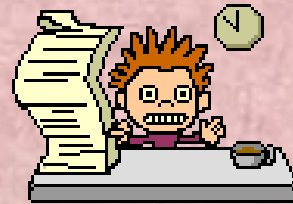
(Continued)

Center/Branch/Section:		1		
Sponsored Business Travel Card Number (last four digits):		2		
Direct Billing or Credit Card Purchases**				Total
	Expense Item	D C	Amount	Daily Expenses
	3	4	5	\$ 6 -
				\$ -
				\$ -

1. The travelers Center/Branch/Section must be listed in this area
2. The last four digits of the Agency Credit Card (if used) must be listed here
3. The expense item would be the type of expense like registration, lodging, airfare or rental car - (Please note: There would need to be an Agency Director (or designee) approval letter for a rental car)
4. D is for expenses paid by direct billing or a purchase order and C is for expenses paid by an Agency credit card
5. The amount is the cost for the expense (if it is for lodging the expense must be shown as a daily amount, not a lump sum)
6. The total of the TR-1 expense and the direct billing/credit card expense for a particular day

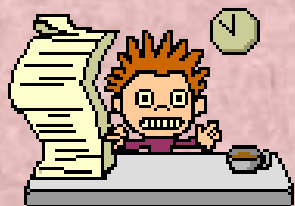
Travel Expense Reconciliation

(FIN-1012)
(Continued)



		1	Total TR-1 Claim	\$	-
Signature of Traveler:					
		2			
Title:	3				
Date:	4				
FIN-1012 (R 7/08)					

1. The total TR-1 claim must match the total reimbursement being asked for on the TR-1
2. The traveler must sign the 1012
3. Can be the working or official title of the traveler
4. The date the traveler actually signs the 1012



Travel Expense Reconciliation

(FIN-1012)

(Continued)

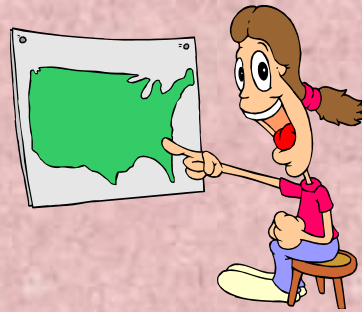
1 →		Total Charged	\$ -	
		2 →	GRAND TOTAL	\$0.00
Signature of Travel Administrator/Supervisor:			3 ←	
Title:	4 ←			
Date:	5 ←			
<i>*Please indicate which type payment applies to each entry by inserting a D (Direct Bill/Pay) or a C (Credit Card Charge) in the appropriate column.</i> Expense items: Lodging, Transportation, Registration, Car Rental, etc. <i>Please attach a copy of the receipt, purchase order, airline itinerary, etc.</i>				

1. The total charges is the total expense paid by the Agency via direct billing, purchase order or credit card
2. The grand total is the total of the TR-1 claim and the direct billing/credit card expenses - This is the total for the trip
3. The travel administrator/supervisor must sign the 1012
4. The working or official title of the travel administrator/supervisor
5. The date the travel administrator/supervisor actually signed the 1012

FIN – 1010

(Out-of-State Travel Authorization)

- ❖ **Anytime a state employee or a non-state employee travels out-of-state for the Agency or travels to our state from another state, a FIN-1010 must be completed prior to the travel taking place.**
- ❖ **When getting approval for out-of-state travel, the FIN-1010 is completed and a memo justifying the trip must be approved by the traveler's immediate supervisor, travel administrator, center director and the agency director/designee.**
- ❖ **The original of the FIN-1010 must be attached to the TR-1 when the traveler is asking to be reimbursed for any travel expenses out-of-state.**
- ❖ **When completing this form, please remember that this is just an estimate of the cost for the trip. If the amounts change (are more expensive), the form will have to be corrected and initialed off by the traveler's Center Director and the Agency Director/Designee.**



FIN – 1010

(Out-of-State Travel Authorization)

ARKANSAS DEPARTMENT OF HEALTH

Out-of-State Travel Authorization

Approval for out-of-state travel is requested for the following individual:

Name		Title	
Official Station	Center/Branch/Section		
Destination	Departure		Return
	Date	Time	Date Time
Purpose of Trip			
Other Persons Making the Trip:			
Name:		Official Station/Center	
Name:		Official Station/Center	
Name:		Official Station/Center	

ESTIMATED COST OF TRIP

Lodging	days @	per day is	\$	-
Lodging	days @	per day is	\$	-
Meals (full day)	days @	per day is	\$	-
Meals (partial day)	days @	per day is	\$	-
Meals (partial day)	days @	per day is	\$	-
Transportation:				
<input type="checkbox"/> State Vehicle				
<input type="checkbox"/> Airfare (Common Carrier)				
<input type="checkbox"/> Driving Personal Vehicle				
Mileage	miles @	\$ 0.42 is	\$	- (Airline Amount is)
Airfare Amt Verified on (date)				
Registration				
Other	<input type="checkbox"/> Parking <input type="checkbox"/> Ground Transportation <input type="checkbox"/> Rental Car (includes insurance) <input type="checkbox"/> Other			
			\$	- TOTAL

If driving, list amount that airfare would cost and the date airfare amount was verified.

(Attach a copy of the mileage from Rand McNally.)

If amount exceeds the current daily maximum allowed, the Agency Director must authorize prior to travel.

Enter daily limit for: Meals Lodging

Signature of Traveler Date

CODING

Cost Center	Internal Order	Commitment Item #	Total
Cost Center	Internal Order	Commitment Item #	Total

If Travel is to be reimbursed by a sponsoring organization:

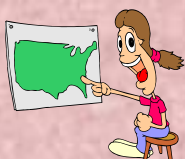
Name of Organization: Amount:

APPROVAL

Signature of Immediate Supervisor/Manager	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of Travel Administrator	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of Center Director	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of Agency Director (or designee)	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved

FIN-1010 (R 03/09)

Please see the next four (4) slides for information on completing the FIN-1012



Out-of-State Travel Authorization

(FIN-1010)

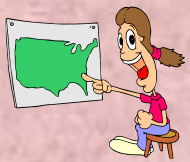
ARKANSAS DEPARTMENT OF HEALTH									
Out-of-State Travel Authorization									
Approval for out-of-state travel is requested for the following individual:									
Name	← 1				Title	← 2			
Official Station	← 3			Center/Branch/Section	← 4				
Destination				Departure		Return			
				Date	Time	Date	Time		
Purpose of Trip	← 7								
Other Persons Making the Trip:				Name:		Official Station/Center			
				Name:		Official Station/Center			
				Name:		Official Station/Center			

1. Name of traveler should be listed as shown in AASIS
2. The working or official title of the traveler
3. The official station is the city/town that the traveler is assigned
4. The Center/Branch/Section that the traveler is assigned
5. The destination is the city/town and the state the traveler is visiting
6. Departure date/time is when the traveler actually leaves on the trip - The return date/time is when the traveler returns from the trip
7. Why the traveler is going on the trip
8. List any additional travelers making the same trip

Out-of-State Travel Authorization

(FIN-1010)

(Continued)

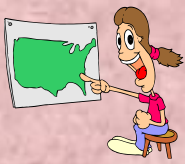


ESTIMATED COST OF TRIP									
Lodging	days @		per day is	\$	-				
Lodging	days @		per day is	\$	-				
Meals (full day)	days @		per day is	\$	-				
Meals (partial day)	days @		per day is	\$	-				
Meals (partial day)	days @		per day is	\$	-				
Transportation:									
<input type="checkbox"/> State Vehicle									
<input type="checkbox"/> Airfare (Common Carrier)									
<input type="checkbox"/> Driving Personal Vehicle									
Mileage	miles @		\$ 0.45	is	\$	-		(Airline Amount is	
								Airfare Amt Verified on (date)	
Registration									
Other	<input type="checkbox"/> Parking								
	<input type="checkbox"/> Ground Transportation								
	<input type="checkbox"/> Rental Car (includes insurance)								
	<input type="checkbox"/> Other								
					\$	-		TOTAL	

*If driving, list amount that airfare would cost and the date airfare amount was verified.
(Attach a copy of the mileage from Rand McNally.)*

The estimated cost of the trip reflects:

1. The traveler's number of days and amounts for lodging and meals
2. If the traveler is driving a state vehicle – check this box
3. If the traveler is traveling by air, check this box and list the amount (Be sure to include any checked baggage charges here)
4. If driving personal vehicle, check this box and list the mileage
5. If traveling by personal vehicle, the amount and verification date of airfare must be listed
6. If there is a registration for the trip, enter the amount here
7. If there are other expenses, the correct boxes must be checked and an amount must be listed
8. The estimated (before taxes) amount of the trip will be calculated and listed here



Out-of-State Travel Authorization

(FIN-1010)
(Continued)

If amount exceeds the current daily maximum allowed, the Agency Director must authorize prior to travel.									
Enter daily limit for:		Meals			Lodging				
Signature of Traveler					Date				
CODING									
Cost Center		Internal Order			Commitment Item #		Total		
Cost Center		Internal Order			Commitment Item #		Total		
If Travel is to be reimbursed by a sponsoring organization:									
Name of Organization					Amount				

1. The daily limit/maximum allowable amount for meals and lodging must be entered here
2. The traveler must sign and date the 1010 - Acknowledging the allowable rates
3. The coding information for the travel is listed here - NOTE: The commitment item should be listed as either 02 (any in-state or out-of-state official business travel that does not have a registration) and 09 travel (any in-state or out-of-state travel that has a registration)
4. If the travel is sponsored by a third party/organization, the name and the amount they are paying must be listed here - A letter of approval for the travel and the reimbursement by a third party must accompany the 1010 when sent for approval

Out-of-State Travel Authorization

(FIN-1010)
(Continued)

APPROVAL											
Signature of Immediate Supervisor/Manager					Date					<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of Travel Administrator					Date					<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of Center Director					Date					<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
Signature of Agency Director (or designee)					Date					<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
FIN-1010 (R /08)											

This section is for signatures and approvals or disapprovals.

•The signatures needed are:

•The traveler's immediate Supervisor/Manager

•The travel administrator (NOTE: the travel administrator is different from the travel supervisor)

•The Center Director

•The Agency Director or designee

FIN – 1000

(Request for Waiver to Exceed the Maximum Lodging Rate)

- ❖ **This form is used when a traveler cannot obtain a room for the maximum allowed rate for a particular city/town.**
- ❖ **The form is completed and turned in with the FIN-1010 (Out-of-State Travel Authorization) for the approval process.**



FIN – 1000

(Request for Waiver to Exceed the Maximum Lodging Rate)

ARKANSAS DEPARTMENT OF HEALTH

REQUEST FOR WAIVER TO EXCEED THE MAXIMUM LODGING RATE

TO: Agency Director/Designee

FROM: Travel Administrator

Title

DATE:

Name of Traveler				
Purpose of Trip				
Destination		Dates of Travel	Depart	Return

This is a request that the above named traveler be allowed to exceed the maximum lodging prescribed by the Federal Travel Directory when traveling on official business of the State.

Requested Rate: x number of nights = a total of \$ -

Per Diem Rate: x number of nights = a total of \$ -

Total increased cost is \$ -

The request to exceed the maximum lodging is being made for the following reason(s):

APPROVAL:

Signature of Immediate Supervisor/Manager

Date

☐ Approved ☐ Disapproved

Signature of Travel Administrator

Date

☐ Approved ☐ Disapproved

Signature of Center Director

Date

☐ Approved ☐ Disapproved

Signature of Agency Director or Designee

Date

☐ Approved ☐ Disapproved

FIN-1000 (R/08)

Please see the next two (2) slides for information on completing the FIN-1012

Request for Waiver to Exceed The Maximum Lodging Rate (FIN-1000)



ARKANSAS DEPARTMENT OF HEALTH Request for Waiver to Exceed the Maximum Lodging Rate

TO: Agency Director / Designee

FROM: Travel Administrator

Title

DATE:

Name of Traveler:

Purpose of Trip:

Destination:

Dates of Travel:

Depart

Return

1. The travel administrator's name goes here - NOTE: A travel administrator is the ADH Deputy Directors, Center Directors, ADMOs, the CFO and the Deputy CFO
2. The working or official title of the travel administrator
3. The date of the request
4. The name of the traveler as shown in AASIS
5. The description of the trip is entered here
6. The destination is the city/town and state the traveler is visiting
7. The date of departure and return of the traveler



Request for Waiver to Exceed The Maximum Lodging Rate

(FIN-1000)

(Continued)

1

This is a request that the above named traveler be allowed to exceed the maximum lodging prescribed by the Federal Travel Directory when traveling on official business of the State.

Requested Rate:

x

number of nights = a total of \$ -

Per Diem Rate:

x

number of nights = a total of \$ -

Total increased cost is

\$

-

The request to exceed the maximum lodging is being made for the following reason(s):

4

1. The amount of the actual lodging expense would be listed here plus the number of nights and the total
2. The actual maximum allowable rate for the town/city would be listed here plus the number of nights and the total
3. The total increased cost for lodging - (Subtract the per diem amount from the requested amount)
4. The justification for the request is entered here

Request for Waiver to Exceed The Maximum Lodging Rate

(FIN-1000)
(Continued)



APPROVAL:																					
Signature of Immediate Supervisor/Manager										Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved								
Signature of Travel Administrator										Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved								
Signature of Center Director										Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved								
Signature of Agency Director or Designee										Date		<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved								
FIN-1000 (R 008)																					

This section is for signatures and approvals or disapprovals

- The signatures needed are:
 - The travelers immediate Supervisor/Manager
 - The travel administrator (NOTE: the travel administrator is different from the travel supervisor)
 - The Center Director
 - The Agency Director or designee

Arkansas Department of Health Travel Policy

(The Agency's travel policy can be more restrictive than the state travel policy.)

To find the Arkansas Department of Health Travel Policy, please follow these steps:

- 1. Go to the Arkansas Department of Health Intranet page**
- 2. Click on the Policies & Procedures tab**
- 3. Click on the + next to Library**
- 4. Click on the + next to Manuals**
- 5. Click on the + next to Finance**
- 6. Click on the last (fourth) item under Finance**
- 7. Click on Finance Policies and Procedures**
- 8. Click on Get a Copy**
- 9. Click on Open**
- 10. The General Travel Policy starts on page 191 (TRA-1)**

State of Arkansas Travel Regulations

To find the State of Arkansas Travel Regulations, please follow these steps:

- 1. Go to www.dfa.arkansas.gov**
- 2. Click on the Offices Tab**
- 3. Click on the Accounting, Office of (second office listed)**
- 4. Click on Travel Regulations (the next to last item on the left side of the page)**

You can find the following information on the page numbers listed!

- | | |
|---|------------------------|
| - The individual agencies can be more restrictive | Page 4 |
| - Meals without overnight travel | Page 4 |
| - Reimbursement for mileage from residence to official station | Page 5 |
| - Maximum meal allowance including sales tax and tip | Page 5 & 7 |
| - One employee not paying the expenses of another employee | Page 5 |
| - Travel Reimbursement is not a per diem | Page 5 |
| - First and last day of travel maximum meal allowance (75%) | Page 6 |
| - Purchase of airline tickets at least 14 days prior to travel | Page 6 |
| - Reimbursement for additional baggage when flying | Page 7 & 16 |
| - Reimbursement for mileage from residence to site destination | Page 7 |
| - Travel Expense Reconciliation Form | Page 16 |



QUESTIONS??

(See the next slide)

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